POTRAZ Innovation Drive

**#OpenChallenge1**-**2022**

|  |  |  |
| --- | --- | --- |
| Logo  Description automatically generated | A picture containing chart  Description automatically generated | A picture containing text, queen  Description automatically generated |

Thank you for your interest in the Innovation Drive “#OpenChallenge1". Please note the following:

1. The Hackathon is open to all Zimbabweans who:
	* Are passionate about technology and innovation;
	* Have ideas or existing projects that makes use of ICTs to proffer solutions that improve the country’s socio-economic status;
	* Are individuals or a team of motivated people who would like to further develop their innovative idea or an existing project.
2. There are two ways to participate:
	* Apply as an individual; or
	* Apply as a team of up to 5 participants.
3. Those willing to participate in the Challenge must have completed their Application Forms, not later than 19 June 2022. Access to the form after this date will not be possible.
4. A total of ZWL 175 million is available to implement the successful ideas with support from the Innovation Drive.
5. Shortlisted applicants will be notified by 24 June 2022
6. Please email all **enquiries** to innovationdrive@potraz.gov.zw.
7. POTRAZ reserves the right to change the above stated dates or the format (virtual to physical).
8. No transfer, grant or license of rights under any patent or copyright or to any intellectual property, proprietary information and/or trade secret is made or is to be implied by completing this application.
9. **Submit the completed application online at:**

[**https://bit.ly/drivezw1**](https://bit.ly/drivezw1)

1. Applications submitted via the Innovation Drive email will **not** be accepted.

***People with special needs are highly encouraged to apply***

# **PART I – APPLICANT INFORMATION**

1. **Email Address**

|  |
| --- |
|  |

1. **Project Name**

|  |
| --- |
|  |

1. **Innovator/Team Name**

|  |
| --- |
|  |

1. **Full name of Applicant**

|  |
| --- |
|  |

1. **Gender**

|  |
| --- |
|  |

1. **Date of Birth**

|  |
| --- |
|  |

 *Example: January 7, 2019*

1. **Highest Level of Education**

|  |
| --- |
|  |

1. **Main Language**

|  |
| --- |
|  |

1. **Do you have any of the following conditions that have lasted, or are likely to last, for six months or more?**

(a) Sight problems not corrected by glasses or contact lenses

(b) Hearing problems

(c) Speech problems

(d) Blackouts, fits, or loss of consciousness

(e) Difficulty learning or understanding things

(f) Limited use of arms or fingers

(g) Difficulty gripping things

(h) Limited use of legs or feet

(i) Any condition that restricts physical activity or physical work (e.g. back problems, migraines)

(j) Any disfigurement or deformity

(k) Any mental illness for which help or supervision is required

(l) None of the above

Other:

|  |
| --- |
|  |

1. **Are you part of a team?**

|  |
| --- |
|  |

1. **Specify number of team members**

|  |
| --- |
|  |

1. **Mailing (physical) address**

|  |
| --- |
|  |

1. **Email address**

|  |
| --- |
|  |

1. **Contact Number**

|  |
| --- |
|  |

1. **Province**

|  |
| --- |
|  |

1. **City, Town or Place**

|  |
| --- |
|  |

# **PART II – PROJECT DETAILS**

1. **Project Summary**

|  |
| --- |
|  |

1. **Which of the following sectors does your project fall under?**
	1. Business, consultancy or management
	2. Accountancy, banking or finance
	3. Charity and voluntary work
	4. Creative arts or design
	5. Education
	6. Energy and utilities
	7. Engineering or manufacturing
	8. Environment or agriculture
	9. Healthcare
	10. Hospitality or events
	11. Computing or IT
	12. Law
	13. Law enforcement and security
	14. Leisure, sport or tourism
	15. Marketing, advertising or PR
	16. Media or digital
	17. Mining
	18. Property or construction
	19. Public services or administration
	20. Recruitment or HR
	21. Retail
	22. Sales
	23. Science or pharmaceuticals
	24. Social care
	25. Teacher training or education
	26. Transport or logistics
	27. Other:

|  |
| --- |
|  |

1. **Problem Definition**

*What challenge / problem does the innovation address? In what way does the innovation make use of Information Communication Technologies (ICTs) to proffer sustainable solutions to improve the country’s socio-economic status? Define and quantify the target market for the innovation*.

|  |
| --- |
|  |

1. **Technological Impact**

*Clearly describe the impact of the innovation and the potential of the proposed idea to cause technological change/digital transformation. How are ICT concepts used in this Project? How is this Project different from what is currently available in the public domain? Is it a unique idea or a new way of doing something that is already being done? Indicate the easiness with which the innovation can be developed, and how fast it can be commercialised. Indicate how easy it is for the potential customers to deploy the innovation, taking into account time, change of behaviour and the speed of technological advancement*.

|  |
| --- |
|  |

1. **Sustainability**

*Describe how the innovation can turn into a project that can be sustained and the potential that the innovation can be scaled up to a national or international level*.

|  |
| --- |
|  |

1. **Revenue Generation Model**

*Describe how the innovation will generate revenue to sustain the livelihood of the innovator and create employment for other Zimbabweans.*

|  |
| --- |
|  |

1. **Previous Participation in the Innovation Drive**

*Have you participated in the POTRAZ Innovation Drive before? (Yes/No). If ‘Yes’, what was the outcome of your participation?*

|  |
| --- |
|  |

1. **Funding Requirements**

*Please provide an estimate of the funding requirements for the project in ZWL$.*

1. **Other Grants/Loans awarded to the Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Awarding Organisation** | **Description of Grants / Awards / Loans** | **Amount**  | **Status (ongoing / completed)** |
|  |  |  |  |
|  |  |  |  |

1. **Project Team Members (Up to a maximum of 5)**

*Provide: Name, Gender (M/F), Age, WhatsApp Number, Local Calling Number, Next of Kin Contact Number, Email Address*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Gender****M/F** | **Age** | **WhatsApp Number** | **Local Calling Number** | **Next of Kin Contact Number** | **Email Address** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Declaration**

I declare that I am the originator of this idea, and that the information given by me in this application and any sheets attached hereto is true to the best of my knowledge and I have not wilfully suppressed any material fact.  I accept that if any of the information given by me in this application is in any way false, or incorrect, the Authority shall have the right to disqualify me.

|  |  |
| --- | --- |
| Name of Applicant |  |
| Signature |  |
| Date |  |